

AUTHORIZATION TO RELEASE INFORMATION

Pursuant to federal guidelines concerning my right to confidentially, I,

(Service Recipient or Conservator Name) (Service Recipient Social Security Number)

authorize **The Arc Mid-South** to release to, or obtain information from:

(Medical Facility Name and Address)

the following specific information: (check all that apply)

- Medical History and Physical (Including but not limited to Neurology, Vision, OBGYN, Hearing, Cholesterol, Blood work, Dental, TD Screen)
- Medical Progress Notes
- Laboratory/X-Ray Reports
- ISP (Individual Support Plan)
- Discharge Summary
- Social History
- Psychological/Psychiatric Evaluation
- Immunization Records
- Therapy Information including PT, SLP, OT, BA, RD
- Name and/or Picture
- Incident Management
- IEP (Individual Education Plan)
- Medication Management
- Other_____

For the purpose of:

- Developing a diagnosis, treatment and habilitation plan for me
- Coordinating medical, psychological and social habilitation processes for my care
- Public relations articles pertaining to facility activities I have participated in
- Coordinating personal assistance/community based day/transportation services
- Training for individuals who provide care for me
- Other_____

Form in which information will be released:

- Document
- Disc or DVD
- Picture
- Verbal Communication
- Other

I understand my right to revoke authorization at any time in writing by submitting this to the Family Support Services Department. Applicable exception to this right under the Privacy Rule is discharge of services by Family Support Services Department. However, I also understand that any release which has been made prior to my revocation shall not constitute a breach of my right to confidentiality. This consent to release information shall expire one year from the date of the signature below. At that time, no expressed revocation shall be needed to terminate my consent. I understand all information interchanged by the above stated parties will be considered confidential and will be made available only to authorized parties.

Service Recipient/Conservator

Date

Agency Representative

Date